PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Complete if Known

	ive on 12/08/200		<b>⊢</b>		14	2/500 400 0		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			_ <u> -</u>	Application Num		10/520,406-Conf. #5490		
FEE TRANSMITTAL			_			January 6, 2005		
For FY 2009				First Named Inventor Mitsuaki Iwashita  Examiner Name S. R. MacArthur				
Applicant claims small entity status. See 37 CFR 1.27			- F	Examiner Name		1792		
				Art Unit		<del></del>		
TOTAL AMOUNT OF PAYMENT (\$) 940.00 Attorney Docket No. KKH-0034								
METHOD OF PAYME	NT (check all	that apply)						
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(	s) indicated be	elow		Charge	e fee(s) indi	cated below, e	xcept for t	he filing fee
X Charge any fee(s) under	additional fee 37 CFR 1.16	(s) or underpaymer and 1.17	nts of	x Credit	any overpay	ments		
FEE CALCULATION								
1. BASIC FILING, SEARC	H, AND EXA	MINATION FEES				,		
	FILIN	IG FEES	SEA	RCH FEES	EXAMINA	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fe	e (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	330		540	270	220	110		
Design	220	110 1	100	50	140	70		
Plant	220	110 3	330	165	170	85		
Reissue	330	165 5	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (inc	-						52	26
Each independent clair Multiple dependent clair	-	luaing Reissues)					220 390	110 195
		F== (A)	E.	Doid (\$)	84	itinle Depend		•
or HP =	xtra Claims	<u>Fee (\$)</u> =	ree	Paid (\$)		Itiple Depend (\$)	Fee Paid (	<del>.</del>
HP = highest number of total of					100	<u>141</u> .	TOO T ala I	X1
•	xtra Claims	Fee (\$)	Fee	Paid (\$)				<del></del>
- or HP =		=		· · · ·				
HP = highest number of indep	endent claims pa	d for, if greater than 3.						
3. APPLICATION SIZE FI	d drawings e							
listings under 37 C sheets or fraction t	rk i.5∠(e)), hereof. See	35 U.S.C. 41(a)	ize re (1)(G)	e due is \$270 and 37 CFR 1	(\$135 for \$ 1.16(s).	sman entity) f	or each a	นนแเงกลเ 50
	Extra Sheets			ditional 50 or frac		Fee (\$)	<u>Fee</u>	Pald (\$)
- 100 = _		/50 =	— '	(round up to a who	ne number) x			Daid (6)
4. OTHER FEE(S) Non-English Specific	$\sim$	· · · · · · · · · · · · · · · · · · ·	_				<u> </u>	Paid (\$)
Other (e.g., late filing surcharge):		251 Extension fo 801 Request for				(see 37		30.00 10.00
SUBMITTED BY								
	Xo			Registration No.	29,211	Telephone	(202) 95	55-3750
1 2000	haukowitch			(Attorney/Agent)	23,211	<del>  '</del>	· · ·	15, 2008
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PTO/S8/17 (10-08)  Approved for use through 06/30/2010. OMB 0651-0032  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number							
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		First Named Inventor	Mitsuaki lwashita				
For FY 20	109	Examiner Name	S. R. MacArthur				
Applicant claims small entity statu	us. See 37 CFR 1.27	Art Unit	1792				
TOTAL AMOUNT OF PAYMENT	(\$) 940.00	Attorney Docket No.	KKH-0034				

		(1) 0 10.00						
METHOD OF PAYMEN	IT (check all the	nat apply)						
Check Credit	Card M	loney Order	None	Other (	(please identif	у):		···
x Deposit Account Dep	osit Account Numb	er:18-	0013	Deposit A	Account Name:_	Rader, Fishm	nan & Gra	auer PLLC
For the above-ider	tified deposit a	ccount, the D	irector is he	reby authorize	ed to: (check	all that apply)		
x Charge fee(s	) indicated bel	ow		Charge	e fee(s) indic	cated below, ex	cept for t	he fillng fee
Charge any a fee(s) under	additional fee(s 37 CFR 1.16 a	) or underpay nd 1.17	ments of	x Credit	any overpay	ments		
FEE CALCULATION								
1. BASIC FILING, SEARC			ES					
		3 FEES	SEAR	CH FEES	EXAMINA	ATION FEES		
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Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (inc	•	•					52	26
Each independent claim	•	iding Reissu	es)				220	110
Multiple dependent clair					4.0		390	195
	ctra Claims	Fee (\$)	Fee	Paid (\$)	-	Itiple Depende		-
- or HP = HP = highest number of total cl	aims paid for if or	eater than 20	<del></del>		Fee	<u>(\$)</u> <u>f</u>	ee Paid (	ग्र
· ·	ktra Claims	Fee (\$)	Fee	Paid (\$)				
- or HP =	x	=		(+/				
HP = highest number of indepe	ndent claims paid	for, if greater tha	n 3.					
3. APPLICATION SIZE FE								
If the specification and listings under 37 CI sheets or fraction the	FR 1.52(e)), t	he application	on size fee	due is \$270	(\$135 for s	cally filed seq small entity) fo	uence or or each a	computer dditional 50
Total Sheets	Extra Sheets	<u>Number</u>	of each addi	tional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)
- 100 = _		/50 =	(rc	ound up to a who	le number) x		<b>-</b>	
4. OTHER FEE(S) Non-English Specific	ation, \$130	fee (no sma	II entity				Fees	Paid (\$)
Other (e.g., late filing				onse within fir				30.00
surcharge):	/ 18	01 Request	for continu	ued examinat	tion (RCE)	(see 37	8	10.00
SUBMITTED BY	1/			***				

Signature	Corlege to	) e vitob	Registration No. (Attorney/Agent)	29,211	Telephone	(202) 955-3750
Name (Print/Type)	'Sarl-Scha	aukowitch			Date	December 15, 2008